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Studying the relationship between Mental health , Spirituality and religion in female students of Tehran Azad University: south Branch

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Abstract

The goal of this study is studying the relationship between Mental Health, spirituality, and religion in female students of Tehran Azad University south Branch. The research population is 200 female students selected by Random sampling method. The tools used in this research are theology questionnaire and Mental Health by Chung and Spears (1994).The validity of questionnaire was determined by the comments of experts and instructors. For the reliability of tools, first it was performed in a small group and then reliability coefficient was measured by Chronbakh Alpha and it was 0.81. Collecting data was analyzed by SPSS software and statistical ways including correlation and a multiple regression. Findings indicated that there was a relationship between religiousness and spirituality. The multiple regression result also indicated belief aspect and customs and religiousness have the most roles in identifying Mental health.

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1. Introduction

In technological era, in global village and post modernism age, we are witnessing that the human civilization is getting far from real values. So, in this real unpleasant event, the health of soul and spirit is more than before in danger. In addressing this problems and finding a solution for it, we cannot just use translated scripts and inspiration strategies. Undoubtedly, today the need and requirements of the humanity for the divine life doctrine is louder than ever. Because wherever he is going , he will involved ,captured and deepened in corruption and digression without a

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destination. So the subject of spirit health is one of the most important problems of cotemporary human. The lost thing of civilized human in modern this modern era is joy and satisfaction of life. Mechanical life, has taken the opportunity of introspection and self-awareness of human. In today era, man is so captured by physical things due to that he has got away self finding and self recognition. In spite of the fact that wonderful development that human got by contributing technology, the researches show that not only he has not achieved to the mental relaxation which is of the basic elements of health & lucky life (Bierman, 2006) but also in parallel with scientific progress of modern civilization, the mental problems and disorders of human being such as disappointment, Nihilism, confusion, divorce, addiction, suicide are increased. (EsmailiBehbahani, 2001)

International information shows that mental illnesses affect 20 to 25 percent of people from childhood (WHO, 2004). In every four families, at least one person has this problem and four main causes of that are the problems like depression, misusing of alcohol, Schizophrenia and bipolar depression. (Warden et al, 2006). Also, it is shown that these mental illnesses have affected the economy a lot and decreased 3 to 4 percent of Gross Domestic Production (GDP) in developed countries (WHO, 2003). For this reason, recently experts even in industrialized and developed countries, have focused on researches and seminars emphasizing on the role of intellectuality, theology education and effect of religion in spirit health as well as curing these illnesses and supporting them (Khalili, 2010). In this matter, it is necessary to point that women are one of the most vulnerable groups from health view point and comparing to men are more in danger of having these illnesses. (Dong Pil and Johnston, 2011). If they do not paying attention to that, they will face a lot of problems, because spirit health of women, leads to family health and later support society health. So this research wants to answer the following questions; To what extent the religious and intellectual issues are important among female students of university? Is there any difference between them regarding the importance of intellectual and spiritual issues? What type of religious orientation there are between them? Is there any difference between them regarding religious orientation and spiritual health? The research results help the curriculum planners to obtain necessary action for preparing the spiritual help for women especially for university student.

2. The Research Literature

Many researches pointed to positive relationship between religion and mental health. Kezedi et al (2010) by long time researches showed that teaching religious problems to children, youth and a adolescence caused them to be motivate toward religion and effects mental and physical health positively (Ireland Board of Trustees, 2008). Williams (2010) in other research showed that there is a relationship between religious actions and competing this ceremony and mental health (vaillant et al, 2008). Another study investigated the relationship between religion, mental health and religiousness. It was included a sample of 224 male students in Harvard university and it showed that there is a positive and significant relationship between well-living of spirituality, physiology and sociology (Huber, 2011). Bierman (2008) studied the role of religions supports against mental outcomes. As he said people who were in pressure, it will increase the risk of problems related to mental hygiene. Derezotes et al (2006) studied the relations between religious attitudes and predicting mental health of adults. The results showed that religious directing and social-cognitive attitude to religion has significant and positive relationship with well-living psychologically. Rippentrop et al (2005) studied the relation between religion, mentality and physical mental health of 122 sick people having long-time pain. The results of multiple Regression test showed that there is a significant relationship between religiousness as a facing strategy with curing process and decreasing physical pain. Birshak et al (2001) studied the relations between integration, depression anxious as well as religion and results showed that there is a negative relationship between religiousness and anxious. There was also relationship between mental health and gender specially among women because of their role in providing and enforcing physical and mental health of family, so their problems to create all society welfare are so important to be taken into account. (Bearman, 2006). Biologically, most of mother not only bear baby, but also take care and defend him/her against father. It seems in most cases, the main role of father or male partner is to help woman become pregnant and male ones have not accountable role in preparing facilities for them and making them ready for life. In this family model, as marriage relationships are somehow informal; a great percent of them leads to divorce and one of parents lonely is made to keep children. Most times, this member is woman and because of first-child situation mother is legal parent for them. So this bi-aspects role with poverty causes social and mental illnesses for women and children (Huber, 2011). About the gender difference problem in religious attitude should be said that the difference between men and women in the amount of religiousness was studied by scholars that some results pointed to women being more

religious as women seem to activate religiously every day, have a powerful belief individually, involve in religious ceremonies and pray more than men (Dong Pil and Jahnston, 2011). In some studies the average of boys' religious attitude in (good) $\mu=72/2$ and the average of girls' religious attitude $\mu=74/4$ in (excellent) and the average of boys' mental health $\mu=23/8$ in (average) and the average of girls' mental health $\mu=20/4$ in (good) was evaluated and according to this comparison the average of religious attitude of boys and girls by t-test shows that the level of religious difference of boys and girls is significant ($P=0/01$). Also this is true about boys' and girls' mental health ($P=0/02$) (Sadeghi et al, 2010). In the other study the effect of presenting in religious activities and hygienic behaviour on life and health on a sample of 5894 in one state was investigated. In this study the proportional hazards model was used. The results showed that the time of weekly competing in religious meetings of women has a positive relation with non-smoking ($r=0.53$) and doing regular exercise ($r=0.63$). in men also the relation between weekly competing in religious meetings and decreasing unhygienic behaviours and health was significant ($r=0.84$) but the effect on other related healthy behaviours like non-smoking, not drinking alcohol and exercising was less (strawbridge et al, 2000; navaro and james,2005). Different reasons for this difference between men and women are mentioned and there are different discussions that whether that is because of the role of gender in being social or psychological. According to socializing landscape, women become socialized to be more religious than men and that reason is they are capable of educating and more responsible, some of the ideas have characteristics related to religion (Stark,2002;WHO,2012;bearman,2006). Reversely we have psychological landscape; the assumption that spirituality (feeling contact by universe and super power) can be a description and in part genetic, while religion (belief system and actions based on culture) possibly is a learned behaviour. The integration of genetic and environmental factors by different studies was suggested (Hamer, 2004) that in them 48 percent of whole variance of spirituality, by genetic factors and 52 percent by environmental factors were explained.

3. The Research Method

The aim of this research is to study the relationship between mental health , spirituality and religion in female students of Islamic Azad university-south Tehran branch. The research method is correlation and its statistical sample includes 200 university students of different fields of studying in Islamic Azad university south Tehran Branch which were selected According to Morgan table and stratified random sampling method. The hypothesis of the research is " there is a relationship between religious believes and spirituality and mental health in bachelor degree students who were in their last year of study". For the assessment of the amount of religious believes a questionnaire of religious believe (prepared by Masri and Priester, 2007) was used and the questions were about unification, Prophecy, resurrection, Justice, pontificate, behaviour and religious believes. The population was asked to identify answers from completely agreed to completely disagree and the range of marks was 1-5. For studying mental health a questionnaire of mental health (from 28 parts form) including 4 sub-scales with 7 questions was used. These 4 scales include physical, anxious, disorder in social performance and depression symptom. It was used in 1994 by Chung and Spears (Harvey, 2004) and also in Iran (Birshak, 2001). Each question has 4 choices and answers are recognized by No, little, very much. All data was analyzed by SPSS software. First religious believe of students and their mental health where described and then χ^2 test for testing hypothesis and identifying the relation between to variants was used.

4. Results

The research results showed that most female students (57.33%) have average religious believes (table 1). The average and standard variation of marks were 72 and 12respectively. The result of Pearson correlation and Z test showed that there is a significant relation between two categories of age and the amount of monthly income of female students by their religious believes ($P=0.002$) and this direct relation is weak (in order , $r=0.23$, $r=0.2$)

Table 1-the quality of religious believes in female students.

Religious believes	percent
weak	23.1
average	57.33
strong	19.55

Findings also indicted most female students have mental health (55.6%) (table2). The results of independent "t" test and χ^2 showed that there is a significant relation between mental health of female students , age ($P=0.005$), marital status ($P= 0.025$), employment ($P=0.25$) and monthly income ($P=0.0000$)

Table2 distribution of mental health in female students.

Mental health	Percent
have	55.6
Not have	44.4

The results of using χ^2 test between religious beliefs and mental health of female students showed a significant relation ($P=0.001$) and findings indicated the highest mental percentage (79.5%) belongs to female students with strong believes (Table 3). Pearson correlation test showed weak relation between religious beliefs and mental health.

Table 3.the relation between religious beliefs health and mental health in female students

Religious between	Mental health
Week	38.48
average	54.26
strong	79.55

5. Conclusions

In this research it was identified that religious beliefs of half of female students is at average level. Carefully studying of one by one question related to religious believes indicated that believes of these students to God is the most powerful of their all believes. These statement related to God including "man feels secure by leaning to God", "memory of God facilities bearing difficulties and problem" and "God is largest hope ,friend and partner of human that never leave him alone" had highest mark.

The findings are parallel with Kezdi et al (2010), Williams et al (2010), Vilant et al(2008), Derezotes et al(2006), Bearman(2008),ripentroph et al(2005), Bireskh et al(2001), Hamali(2002), Tahmasebi poor and Kamangiri(1996), Shahbazi(2007), Makaremiyan(1997). The Gamali research (2002) showed that there is a positive relation between religious attitude and mental health. Birashk et al (2001) studied the relation between integration, depression and anxiety. Results showed that there is a negative relationship between religiousness and anxiety. Also it can be said that although relation between age and income was weak, it means that increasing age and students' income makes their religious believes strong. This is aligned with Sadeghi et al (2010), Kazemiyani moghdam (2014) and Dong pil and Johnston (2011). Dong pil and Johnston understood women have more daily religious activities, their individual belief is strong and involving in ceremonies and praying is more than men. The results of stark researches (2000) and Bearman (2008) showed that according to being socialized view; women become socialized to be more religious than men. This is because they are more capable of educating and accepting

responsibility, some characteristics of these believes are those related to religion. In this field, the marriage variant in this research was related to mental health and married ones were healthier than singles. There was a significant relation between mental health and monthly income in students. The results of this research and similar researches shows the fact that there is a direct relation between mental health and religious works like blessing, as the person is more religious, he/she is healthier being able to face problems. Also researches show that the amount of religiousness is further in women than men and the reason can be genetically, socially or psychologically. Thus it is clear that nowadays psychiatry teaches the same things as prophets do, because they knew that blessing and praying, as well as stable belief, confusion, anxiety, fear and excitement which causes too many illnesses remove them. (Karengi, 1999). The historical studies tell that in the universe, from the creation of human, people used blessing as a gift to progress (Kazemin Moghadam, 2014). Belief is a regular relation with the only source "God" and this relation is all of thought, soul and mind. Of course these thoughts give human honour when they have right stem, right works and clear purpose (Mohtashami, 2007) God says in Quran "I send relaxation in the hearts of believed individuals and believed human in order to overcome his/her soul (fath, verse 4). Having goals & meaning in life, feeling dependence to an excellent source, have hope to God's help in hard situations of life and using intellectual and social supports are resources helping religious men to face life difficult events easily and bear less damage (Habibvand, 2008).

Today it is important to improve total mental health of society which needs a variety of strategies effecting persons and society; every single lady should be helped to become able of increasing coincide ability and being cured in hospital, more self-confidence leading to discuss professionally about social events and changes, as well as achieving better results. A number of depressive factors result from society especially because of multiple dimensional roles of women, thus preventative measures have a divot role in increasing level of mental health for women. Since, becoming sick and being cured in hospital, both are paradox to them and society level of persons, women and always to social problems more than others. Thus, the government should Apply anti-poverty programs and various strategies to improve life style and occupation situation which can affect possibility on mental health of women. Considering some positive promotions have happened for women, including publishing mental health law (2001), establishing mental health committee for applying laws and making high standards in services and holding a group of experts for policies of mental health with responsibility of exploring national policy of mental health which are related to curing models, present document called psychiatric-services as a plan for next 20 years and many advises are still applying (WHO, 2004) in domain of mental health in Iran, there is no gender approach and there are the same services for both men and women. Now regarding to special important effect of religion and spirituality in improving factors of mental health of women, in ways of curing for men and women it is important to consider the role of religion and intellectuality, and it should be replace by present approaches. Educating consultants and special helpers by religion-based approaches help this. (Women Health Council, 2012) Also applying a gender approach including the analysis of basic mental health factors for prevention, recognizing and curing mental health and promoting it in society is essential. Furthermore strategies for prevention of mental health and essential teachings for improving that should be designed. It is cleared that base on religion orientation in Iran, using the strategies based on spirituality have double effect.

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References

- Bierman, A. (2006) "Does Religion Buffer the effects of Discrimination mental health? Differing effect by race", *Journal for the Scientific Study of Religion*; 45(4):551-565
- Birashk, Behroz, Bakhshayi, Noor Mohammad, Bayanzadeh, Akbar and Azerbajani, Taiyabe. (1380) "The role of religion in the experience and rating life stress, depression and anxiety," Abstract of First International Conference on the Role of Religion in Mental Health Carnegie,
- Derezotes, D. S. (2006). "Spiritually oriented social work practice in Boston": Pearson.

- Dong Pil Yoon & Brick Johnstone ,Stephanie A. Reid-Arndt , Marian L. Smith , (2011) "Gender Differences in Spiritual Experiences, Religious Practices, and Congregational Support for Individuals with Significant Health Conditions", *Journal of Religion, Disability & Health*, 15:2,175-196
- EsmailiBehbahani, Manizheh(2001) "Study of the relationship between religiousandhappiness among students of the StateUniversity ofTehran", Master's degree Thesis , University of AllamehTabatabai
- Habibvand, Alimorad(1387), "The relationship betweenreligiousorientationandmental disorderswithacademic achievement," *PsychologyandReligion*, No. 3, p.7.138
- Hamer, D(2004) *The God gene: How faith is hardwired into our genes*. New York, NY: Anchor.2004
- Harvard Mental Health Letter (2004). 'Women and depression'. *Harvard Mental Health Letter*, 20 (11), pp. 1-4.
- Harvey, M.(2004) "Development and Psychometric Validation of the State-Trait Spirituality Inventory".Unpublished dissertation. University ofnorthtexas.
- Huber, M, et al(2011) "How should we define health?" *BMJ* 2011;343 doi:10.1136/bmj.d4163 (Published 26 July 2011). Accessed 2 August 2011.
- Jamali, Fariba.(1381), "Investigation of the relationship betweenreligious attitudes, feelings of Meaningful lifeandmental health ofuniversity students inTehran." MA thesisin General Psychology. University ofAlzahara
- Jana-Masri A.,Priester PE(2007) the Development and validation of Quarn Based Instrument to assess Islamic Religiosity,the Religiosity of Islam Scale,*Journal of Muslim Mental Health*,2:177-188
- KazemiyaniMoghadamandMhrabyzadhHonarmand, Mahnaz(1393) "Comparing the religiousattitudeandmental health and trust in God ,self-esteemandacademic achievementofstudents"
- Kézy, A., Martos, T., Boland, V., & Horváth-Szabó, K. (2010). Religious doubts and mental health in adolescence and young adulthood: The association with religious attitudes
- Khalili, Fatemeh.et al(1389), "Relationship between attitudesandbehaviorsrelated toprayerand mental health." *Faculty ofNursingandMidwifery, Gorgan, VolumeVII, NumberI, Springandsummer* .p.138
- Mohtashami, Mohammad(1386) "The role offaithin human evolution," p.133
- Navara ,G.S. James, S(2005) "Acculturative stress of missionaries: Does religious orientation affect religious coping and adjustment?" *International Journal of Intercultural Relations*, (2005).
- Paul Varder,John(2006)"Spritual Health: the Next Frontier",*The European Journal of Public Health*;16:457Psychology.50,278-284
- Rippentrop, A. Elizabebeth. (2005) " A Review of the Role and Religion and Spirituality in Chronic Pain Popuiations. Rehabilitation"
- Sadeghi,Reza, et al (1389) "Religious attitudesand mental health inMazandaranUniversityof Medical Sciences", *Journalof MazandaranUniversity ofMedical Sciences*
- Shahbazi, Anahita(1376), "Evaluation of religious orientation (internal and external) and mental health." Master'sthesisinclinicalPsychology. UniversityRoodehen
- Smith J.,McSherry W.,(2004)"Spirituality and Child Development" ,*Journal of Advanced Nursing*;45:307-316
- Stark, R. (2002) "Physiology and faith: addressing the "universal" gender difference in religious commitment". *Journal for the Scientific Study of Religion*, 41(3), 495–507
- Strawbridge, W. J., Cohen, R. D., & Shema, S. J. (2000) "Comparative strength of association between religious attendance and survival". *International Journal of Psychiatry in Medicine*, 30(4), 200–308. 2000
- TahmasbiPoor, Najaf, Kamangiri, Morteza(1375) "Survey ofreligious attitudesassociatedwithanxiety,depressionandmental healthofpatients in RasoulAkram,ShohadayeHaftetirhospitals '. Thesis in M.Sc.
- The Board of Trustees of the Irland(2008) "student mental health and well being",Stanford University
- Vaillant ,George E (2008)Positive Emotions, Spirituality and the Practice of psychiatry, *Journal of MENTAL HEALTH, SPIRITUALITY, MIND*, Volume6 , Issue1, p : 48-62
- Warden DL, Gordon B, McAllister TW, Silver JM, Barth JT, Bruns J, Drake A, Gentry T,Jagoda A, Katz DI, Kraus J, Labbate LA, Ryan LM, Sparling MB, Walters B, Whyte J, Zapata A, Zitnay G. (2006)Guidelines for the pharmacologic treatment of neurobehavioral sequelae of traumatic brain injury. *Neurobehavioral Guidelines Working Group, J Neurotrauma*. Oct;23(10):1468-501.
- WHO (2003). Gender and women's mental health.
- WHO (2004). Investing in mental health. Geneva: World Health Organisation
- WHO (2012). Gender disparities in mental health. Geneva: World Health Organisation.
- Williams et al (2010) Mindfulness and Psychological Process,American Psychological Association,2010,University of Oxford,Vol. 10, No. 1,1–7
- Women Health council(2012) "Promoting a Gendered Approach to Policy and Service Provision", Irelands